N THE UNITED STATES PATENT AND TRADEMARK OFFICE

cation No.

: 09/937,611

Confirmation No.: 2240

First Named Inventor : Michitaka FUKUDA

Filed

: January 8, 2002

TC/A.U.

2631

Examiner

: J. A. Torres

Docket No.

: 010642.50458US

Customer No.

: 23911

Title

: Method of Synchronous Serial Communication and System

for Synchronous Serial Communication

AMENDMENT

Mail Stop AMENDMENT

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

The following amendments and remarks are respectfully submitted in response to the Office Action dated March 29, 2005.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 15 of this paper.

Amendments to the Drawings begin on page 25 of this paper and include attached replacement sheets.

Amendments to the Abstract begin on page 26 of this paper.

Remarks begin on page 27 of this paper.

09/30/2005 YPDLITE1 00000031 09937611

03 FC:1202

250.00 OP

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control fumber

of 1995 no persons are required to respond to a collect

pursuant to the Genselidated Appropriations Act, 2005 (H.R. 4818).
FEE TRANSMITTAL
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,450

to a concentent of information	on unless it displays a valid Civib Control rumber
Co	emplete if Known
Application Number	09/937,611
Filing Date	January 8, 2002
First Named Inventor	Michitaka FUKUDA
Examiner Name	J. A. Torres
Art Unit	2631
Attorney Docket No.	010642.50458US
Attorney Docket No.	010642.50458US

□ Credit	NT (check all that	apply)					
☑ Clieck ☐ Cledit	Card	ey Order 🔲	None [Other (please i	identify):		
□ Deposit Account	Deposit Account Nur	mber: 05-	1323 (Docket	No. 010642.50458	US)	Deposit Account N	ame: 23911
For the above-ident	tified deposit acco	ount, the Directo	r is hereby a	uthorized to: (ch	neck all that a	pply)	
Charge fee(s) indic	cated below		☐ Charge t	ee(s) indicated belo	ow, except for th	e filing fee	
Charge any addition	onal fee(s) or underpa	yments of fee(s)	Credit as	ny overpayments			
under 37 CFR 1.16	3 and 1.17						
WARNING: Information on		ome public. Credit	card informat	ion should not be	included on thi	s form. Provide cre	edit card
information and authorizat	tion on P10-2038.						
1. BASIC FILING, SEA	DCH AND EVAM	INATION EEES					
I. BASIC FILING, SEA	FILING		SEADO	H FEES	EVANAINIA-	TION FEES	
	TILING	Small Entity	SEARC	Small Entity	EVAIMINA	Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	rees raid (\$)
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES						
							Small Entity
Fee Description						Fee (\$)	Fee (\$)
		ob claim over 20		an in the eviated	notont	50	
Each claim over 20 o	•						25
Each claim over 20 o Each independent cla	•						25 100
Each independent cla Multiple dependent c	aim over 3 or, for F						— -
Each independent cla Multiple dependent c Total Claims	aim over 3 or, for F claims <u>Extra claims</u>	Reissues, each in	dependent c <u>Fee Pai</u>	laim more than in	the original pa	atent 200	100 180
Each independent classified Multiple dependent control Claims 25 -20 or	aim over 3 or, for F claims <u>Extra claims</u> HP <u>5</u>	Reissues, each in	dependent c	laim more than in	the original pa	atent 200 360	100 180
Each independent cla Multiple dependent c Total Claims 25 -20 or HP = highest number of to	aim over 3 or, for F claims Extra claims HP 5 otal claims paid for, if g	Reissues, each in Fees(\$) x 50 greater than 20	Fee Pai	laim more than in d (\$) 0	the original pa	atent 200 360 iple Dependence C	100 180 :laims
Each independent class Multiple dependent of the control of the c	aim over 3 or, for F claims <u>Extra claims</u> HP <u>5</u> tal claims paid for, if o	Reissues, each in Fees(\$) x 50 greater than 20 Fees(\$)	Fee Pai	laim more than in d (\$) 0	the original pa	atent 200 360 iple Dependence C	100 180 :laims
Each independent class Multiple dependent comments 25 -20 or HP = highest number of to Indep. Claims 5 -3 or	aim over 3 or, for F claims Extra claims HP 5 tal claims paid for, if o Extra claims HP 0	Reissues, each in Fees(\$) x 50 greater than 20 Fees(\$) x 0	Fee Pai	laim more than in d (\$) 0	the original pa	atent 200 360 iple Dependence C	100 180 :laims
Each independent class Multiple dependent of the control of the c	aim over 3 or, for F claims Extra claims HP 5 Extra claims Extra claims HP 0 tal claims paid for, if g tal claims paid for, if g	Reissues, each in Fees(\$) x 50 greater than 20 Fees(\$) x 0	Fee Pai	laim more than in d (\$) 0	the original pa	atent 200 360 iple Dependence C	100 180 :laims
Each independent cla Multiple dependent c Total Claims 25 -20 or HP = highest number of to Indep. Claims 5 -3 or HP = highest number of to 3. APPLICATION SI	aim over 3 or, for F claims Extra claims HP 5 Extra claims HP 0 tal claims paid for, if g ZE FEE	Fees(\$) x 50 greater than 20 x 0 greater than 3	Fee Pai	laim more than in d (\$) 0 d (\$)	the original pa	atent 200 360 iple Dependence C Fee(S)	100 180 <u>Haims</u> Fee Paid (\$)
Each independent class Multiple dependent of the control of the c	aim over 3 or, for F claims Extra claims HP 5 tal claims paid for, if g Extra claims HP 0 tal claims paid for, if g ZE FEE and drawings exceed	Reissues, each in Fees(\$) x 50 greater than 20 Fees(\$) x 0 greater than 3	Fee Pai Fee Pai Fee Pai Fee Pai apper, the app	d (\$) d (\$) d (\$)	the original pa	atent 200 360 iple Dependence C Fee(S)	100 180 <u>Haims</u> Fee Paid (\$)
Each independent class Multiple dependent community 25 -20 or HP = highest number of to Indep. Claims 5 -3 or HP = highest number of to 3. APPLICATION SI. If the specification ar	aim over 3 or, for F claims Extra claims HP 5 tal claims paid for, if g Extra claims HP 0 tal claims paid for, if g ZE FEE and drawings exceed	Reissues, each in Fees(\$) x 50 greater than 20 x 0 greater than 3 d 100 sheets of p See 35 U.S.C. 4	Fee Pai Fee Pai Fee Pai Fee Pai Fee Pai (a) (1) (G) an	d (\$) d (\$) d (\$)	the original pa	atent 200 360 iple Dependence C Fee(S)	100 180 <u>Haims</u> Fee Paid (\$)
Each independent cla Multiple dependent c Total Claims 25 -20 or HP = highest number of to Indep. Claims 5 - 3 or HP = highest number of to 3. APPLICATION SI If the specification ar additional 50 sheets	aim over 3 or, for F claims Extra claims HP 5 tal claims paid for, if g Extra claims HP 0 tal claims paid for, if g ZE FEE and drawings exceed or fraction thereof.	Reissues, each in Fees(\$) x 50 greater than 20 x 0 greater than 3 d 100 sheets of p See 35 U.S.C. 4	Fee Pai = 25 Fee Pai = 40 paper, the application (1)(G) and the page of each	d (\$) d (\$) d (\$) collication size fee and 37 CFR 1.16(s	the original pa	atent 200 360 iple Dependence C Fee(S) 125 for small enti	100 180 Haims Fee Paid (\$)
Each independent cla Multiple dependent c Total Claims 25 -20 or HP = highest number of to Indep. Claims 5 - 3 or HP = highest number of to 3. APPLICATION SI If the specification ar additional 50 sheets Total Sheets - 100 =	aim over 3 or, for F claims Extra claims HP 5 tal claims paid for, if g Extra claims HP 0 tal claims paid for, if g ZE FEE and drawings exceed or fraction thereof.	Reissues, each in Fees(\$) x 50 greater than 20 x 0 greater than 3 d 100 sheets of p See 35 U.S.C. 4	Fee Pai = 25 Fee Pai = 40 paper, the application (1)(G) and the page of each	d (\$) d (\$) d (\$) collication size fee and 37 CFR 1.16(s) additional 50 or fr	the original pa	atent 200 360 iple Dependence C Fee(S) 125 for small enti	100 180 Haims Fee Paid (\$)
Each independent cla Multiple dependent c Total Claims 25 -20 or HP = highest number of to Indep. Claims 5 - 3 or HP = highest number of to 3. APPLICATION SI If the specification ar additional 50 sheets Total Sheets - 100 =	aim over 3 or, for F claims Extra claims HP 5 tal claims paid for, if g Extra claims HP 0 tal claims paid for, if g ZE FEE and drawings exceed or fraction thereof.	Reissues, each in Fees(\$) x 50 greater than 20 x 0 greater than 3 d 100 sheets of p See 35 U.S.C. 4	Fee Pai = 25 Fee Pai = 40 paper, the application (1)(G) and the page of each	d (\$) d (\$) d (\$) collication size fee and 37 CFR 1.16(s) additional 50 or fr	the original pa	atent 200 360 iple Dependence C Fee(S) 125 for small enti	100 180 Haims Fee Paid (\$)
Each independent cla Multiple dependent c Total Claims 25 -20 or HP = highest number of to Indep. Claims 5 - 3 or HP = highest number of to 3. APPLICATION SI If the specification ar additional 50 sheets Total Sheets - 100 =	aim over 3 or, for F claims Extra claims HP 5 otal claims paid for, if g Extra claims HP 0 otal claims paid for, if g ZE FEE nd drawings exceed or fraction thereof. Extra Sheets	Reissues, each in Fees(\$) x 50 greater than 20 x 0 greater than 3 d 100 sheets of p See 35 U.S.C. 4	Fee Pai = 25 Fee Pai = 40 paper, the application (1)(G) and the page of each	d (\$) d (\$) d (\$) collication size fee and 37 CFR 1.16(s) additional 50 or fr	the original pa	atent 200 360 iple Dependence C Fee(S) 125 for small enti	100 180 claims Fee Paid (\$) ty) for each Fee Paid (\$)
Each independent cla Multiple dependent c Total Claims 25 -20 or HP = highest number of to Indep. Claims 5 -3 or HP = highest number of to 3. APPLICATION SI. If the specification ar additional 50 sheets Total Sheets - 100 = 4. OTHER FEES Non-English Specification, Other: Three Month Pe	aim over 3 or, for F claims Extra claims HP 5 otal claims paid for, if g Extra claims HP 0 otal claims paid for, if g ZE FEE nd drawings exceed or fraction thereof. Extra Sheets	Reissues, each in \$\frac{5}{x}\$ \ \frac{Fees(\$)}{x}\$ \ \ \frac{50}{3}\$ \] greater than 20 \(\frac{5}{x}\$ \frac{7}{3}\$ \] \[x 0 \] greater than 3 \(\frac{1}{3}\$ \text{d} 100 sheets of p See 35 U.S.C. 4 \(\frac{Nu}{7}\$ \) \[/ 50 = \text{nntity discount} \) of Time	Fee Pai = 25 Fee Pai = 40 paper, the application (1)(G) and the page of each	d (\$) d (\$) d (\$) collication size fee and 37 CFR 1.16(s) additional 50 or fr	the original pa	atent 200 360 iple Dependence C Fee(S) 125 for small enti	100 180 claims Fee Paid (\$) ty) for each Fee Paid (\$)

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 43,420	Telephone (202) 624-2500
Name (Print/Type)	Stephen W. Palan		Date September 29, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS Applies. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.